

In The United States Court of Federal Claims

Cover Sheet

Plaintiff(s) or Petitioner(s)

Names: XI CHIN CLAN NATION et al

20-1307 C

Location of Plaintiff(s)/Petitioner(s) (city/state): P.O. BOX 6666, WOODBRIDGE, VIRGINIA 22195P.O. BOX 7446, PHILADELPHIA, PENNSYLVANIA 19101, P.O. BOX 19835, PHILADELPHIA, PENNSYLVANIA 19143

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): _____

Firm Name: _____

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box: P.O. BOX 19835Street Address: 5311 Florence AvenueCity-State-ZIP: PHILADELPHIA, PENNSYLVANIA 19143Telephone & Facsimile Numbers: 267.312.7322 & FAX: 1888.696.0367E-mail Address: JurisConsulOffice@gualeyamasseecourt.org

Is the attorney of record admitted to the Court of Federal Claims Bar?

 Yes NoNature of Suit Code: 504

Select only one (three digit) nature-of-suit code from the attached sheet.

Agency Identification Code: VAR

Number of Claims Involved: _____

Amount Claimed: \$ TBD (599,000,000)

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$ _____

Is plaintiff a small business?

 Yes No

Was this action preceded by the filing of a protest before the GAO?

 Yes No GAO Solicitation No. _____If yes, was a decision on the merits rendered? Yes No

Income Tax (Partnership) Case:

Identify partnership or partnership group: _____

Takings Case:

Specify Location of Property (city/state): PHILA, PA, VA, MANASSES, HOLDEN, MASS.

Received - USCFC

Vaccine Case:

Date of Vaccination: _____

SEP 25 2020

Related Case:

Is this case directly related to any pending or previously filed case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.

 Yes No